

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AHS Medical Holdings LLC Good Government Fund

ADDRESS (number and street) ▼

One Burton Hills Boulevard

Suite 250

☐ Check if different than previously reported. (ACC)

Nashville

TN

37215

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390963

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2013

through

M M M / D D D / Y Y Y Y Y Y
09 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Ashley M. Crabtree

Signature of Treasurer

Mrs. Ashley M. Crabtree

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AHS Medical Holdings LLC Good Government Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		158314.12
(b) Cash on Hand at Beginning of Reporting Period.....	144519.02	
(c) Total Receipts (from Line 19)	8295.00	26347.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	152814.02	184662.02
7. Total Disbursements (from Line 31)	12500.00	44348.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140314.02	140314.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AHS Medical Holdings LLC Good Government Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6900.00	23300.00
(ii) Unitemized	1395.00	3005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	8295.00	26305.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8295.00	26305.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	42.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8295.00	26347.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8295.00	26347.90

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	98.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	98.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	12500.00	31500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12500.00	44348.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	44348.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8295.00	26305.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8295.00	26305.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	98.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	98.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AHS Medical Holdings LLC Good Government Fund

Full Name (Last, First, Middle Initial)

A. Mr. Brandon Bullard

Mailing Address 8407 North 100th East Avenue

City State Zip Code
 Owasso, OK 74055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bailey Med Ctr/Claremore Hosp

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period

350.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. David Chaussard

Mailing Address 22595 South Pecan Court

City State Zip Code
 Claremore, OK 74019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hillcrest Hospital - Claremore

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael A. Cruz

Mailing Address 13 Prestwick

City State Zip Code
 Amarillo, TX 79124

FEC ID number of contributing
federal political committee.

C

Name of Employer

BSA Health System

Occupation

Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 30 / 2013

Transaction ID : SA11AI.6257

Amount of Each Receipt this Period

750.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AHS Medical Holdings LLC Good Government Fund

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Gross

Mailing Address 4815 East 99th Street

City State Zip Code
Tulsa, OK 74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hillcrest Healthcare System

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

B. Mrs. Susan Gross

Mailing Address 4815 East 99th Street

City State Zip Code
Tulsa, OK 74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.6234

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kevin R. Hawk

Mailing Address 1104 East 8th Street

City State Zip Code
Cushing, OK 74023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hillcrest Hospital - Cushing

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 12 / 2013

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AHS Medical Holdings LLC Good Government Fund

Full Name (Last, First, Middle Initial)

A. Mr. James E. Kaltenbacher

Mailing Address 4735 South Atlanta Place

City State Zip Code
Tulsa, OK 74105

FEC ID number of contributing federal political committee.

C

Name of Employer

Utica Park Clinic

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2013

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

1000.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Dee E. Renshaw

Mailing Address 12230 South Ash Avenue

City State Zip Code
Jenks, OK 74037

FEC ID number of contributing federal political committee.

C

Name of Employer

Hillcrest Hospital - Henryetta

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2013

Transaction ID : SA11AI.6235

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C. Mrs. Kim K. Renshaw

Mailing Address 12230 South Ash Avenue

City State Zip Code
Jenks, OK 74037

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Thomas O. Nicklas

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 12 2013

Transaction ID : SA11AI.6236

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AHS Medical Holdings LLC Good Government Fund

Full Name (Last, First, Middle Initial)

A. Mr. Steven M. Struttman

Mailing Address 12309 14th Street

City State Zip Code
 Jenks, OK 74037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AHS Oklahoma Heart

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 12 2013

Transaction ID : SA11AI.6238

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Robert D. Williams

Mailing Address 4604 Ashville

City State Zip Code
 Amarillo, TX 79119

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BSA Health System

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 10 2013

Transaction ID : SA11AI.6225

Amount of Each Receipt this Period

500.00

contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

6900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AHS Medical Holdings LLC Good Government Fund

Full Name (Last, First, Middle Initial)

A. Friends of Fred Jordan 2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2013

Mailing Address P.O. Box 238

City	State	Zip Code
Jenks,	OK	74037

Transaction ID : SB29.6222Purpose of Disbursement
nonfederal contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: OK District:

Full Name (Last, First, Middle Initial)

B. Scott Pruitt For Attorney General 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2013

Mailing Address P.O. Box 2083

City	State	Zip Code
Oklahoma City,	OK	73101

Transaction ID : SB29.6223Purpose of Disbursement
nonfederal contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: OK District:

Full Name (Last, First, Middle Initial)

C. Todd Lamb for Lt. Governor 2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2013

Mailing Address 3126 South Boulevard #222

City	State	Zip Code
Edmond,	OK	73013

Transaction ID : SB29.6224Purpose of Disbursement
nonfederal contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: OK District:

SUBTOTAL of Disbursements This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

12500.00